

COMPLIANCE CHECKLIST

► Intermediate Care Units (Monitoring Units, Chronic Care Units)

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II. A separate Checklist must be completed for each nursing unit.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

<p>X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.</p> <p>E = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.</p>	<p><input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.</p> <p>W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).</p>
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3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**" and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Nursing Unit Bed Complements:

Current = Proposed =

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Initial Date:

Revision Date:

Project Description:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.3.1.1 CLASSIFICATION**

Intermediate care units:

- Cardiac, Surgical (e.g., Thoracic, Vascular), Neurosurgical/
Neurological Monitoring
- Chronic Ventilator Respiratory Care Units

3.3.2 PATIENT ROOMS

3.3.2.1 ☐ Room capacity max. 4 patients

3.3.2.2(1) ☐ Min. 150 sf* in single-bed room
☐ check if no single-bed room in project

3.3.2.2(2) ☐ min. 4'-0" clearance on each side of bed
☐ min. 4'-0" clearance at foot of bed

3.3.2.2(1) ☐ Min. 120 sf* per bed in multibed room
☐ check if no multibed room in project

3.3.2.2(2) ☐ min. 4'-0" clearance on each side of beds
☐ min. 4'-0" clearance at foot of bed

*exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules

2.2.2 ☐ Wardrobe, closet or full length locker for each patient

3.3.2.3 ☐ Window in each patient room

3.3.2.4 ☐ Provisions for patient privacy in multiple-bed rooms
☐ access to room entrance, handwashing station, toilet
room or room windows outside bed cubicles

2.2.1 ☐ Toilet room

2.2.1.1 ☐ accessible without entering the general corridor
☐ serves no more than 2 rooms & 4 beds

3.3.2.8 ☐ Bathing facilities

☐ adjoining patient rooms

or ☐ central bathing
☐ each central shower or
tub in enclosure that
provides for privacy for
bathing, drying &
dressing
☐ toilet in a separate
enclosure directly
accessible to each
central bathing facility

☐ Handwashing station
☐ located outside patient cubicles

☐ 1 OX & 1 VAC for each bed

☐ Vent. min. 6 air ch./hr

Lighting:
☐ reading light for each bed
☐ general lighting
☐ night light

Power:

☐ 2 duplex receptacles on
each side of each bed
☐ additional duplex receptacle
for each motorized bed
☐ 50% of receptacles on
emergency power

Nurse call system:

☐ 2-way voice communication
☐ emerg. code resuscitation
alarm to summon assistance
from outside the intermediate
care unit

☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Bedpan flushing device
☐ Emerg. pull-cord call station

☐ Vent. min. 10 air ch./hr (exhaust)

☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)

2.1- ARCHITECTURAL REQUIREMENTS**3.2.2** AIRBORNE INFECTION ISOLATION ROOM
(also complete **3.3.2** "PATIENT ROOMS")**3.2.2.3** Single bed room**8.2.3.4(3)** Monolithic ceiling **or** Washable clipped-down ceiling tiles**3.2.2.4(1)** Entry through work area:
alcove directly inside the room **or** alcove directly outside the room
handwashing station
clean storage
soiled holding**3.2.2.4(2)** Door self-closing**3.2.2.4(3)** Bathroom with direct access from room (not through work area)
toilet
shower or tub**3.3.5** SUPPORT AREAS**2.3.1** Administrative center or nurse station
space for counters & storage**3.3.5.1(2)** direct or remote visual observation between the administrative center or nurse station, staffed charting stations and all patient beds in the unit**2.3.2** Documentation area
charting surface
access to information/communication systems**2.3.4** Medication stationMedicine prep. room **or** Self-contained medicine dispensing unit
visual control from nurses station
work counter
handwashing station
refrigerator
locked storage
adequate security for controlled drugs
adequate lighting
convenient access to handwashing station**3.3.5.5** Nourishment area
work counter
storage cabinets
refrigerator
equipment for hot nourishment
space for holding dietary trays**3.3.5.6** Ice machine**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**Handwashing station
Mechanical Ventilation (Table **2.1-2**)
vent. positive to toilet
vent. negative to work area
min. 12 air ch./hr (exhaust)
visual monitoring of room pressure & airflow directionWork area (open or enclosed)
vent. negative to corridor
vent. positive to isol. room
min. 10 air ch./hr (exhaust)Handwashing station
Vent. min. 10 air ch./hr (exhaust)
Bedpan flushing device
Emerg. pull-cord call stationConvenient access to handwashing station
Nurses call annunciator panelDuty station visible call signalVent. min. 4 air ch./hr
Emergency power/lighting
Duty station visible call signalHandwashing station conveniently accessible
Vent. min. 4 air ch./hr
Duty station visible call signal

2.1-**ARCHITECTURAL REQUIREMENTS****2.3.7**

- | | | |
|--|-----------|---|
| <input type="checkbox"/> Clean workroom | or | <input type="checkbox"/> Clean supply room |
| <input type="checkbox"/> counter | | (for holding clean & sterile materials) |
| <input type="checkbox"/> handwashing station | | <input type="checkbox"/> storage facilities |
| <input type="checkbox"/> storage facilities | | |

2.3.8.1

- ☐
- Soiled workroom
-
- ☐
- work counter
-
- ☐
- space for holding soiled linen & solid waste

3.3.5.9

(1)

- ☐
- Equipment & supply storage
-
- ☐
- equipment storage room
-
-
- ☐
- storage alcoves located on the patient floor
-
- ☐
- sufficient to keep its required corridor width free of all equipment & supplies
-
- ☐
- combined storage min. 20 sf per patient bed
-
- (2)
- ☐
- emergency equipment storage

2.3.10

- ☐
- Housekeeping room (may serve more than one nursing unit)

2.4.1

- ☐
- Staff lounge

3.3.6.1(1)

- ☐
- located convenient to the intermediate care unit
-
- ☐
- min. 100 sf

2.4.2

- ☐
- Staff toilet room(s)

2.4.3

- ☐
- Secure storage for staff personal items

MECHANICAL/PLUMBING/**ELECTRICAL REQUIREMENTS**

- ☐
- Vent. min. 4 air ch./hr
-
- ☐
- Duty station visible call signal

- ☐
- Clinical flushing-rim sink
-
- ☐
- Handwashing station
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)
-
- ☐
- Duty station visible call signal

- ☐
- Vent. min. 4 air ch./hr
-
- ☐
- Duty station visible call signal

- ☐
- Floor receptor sink
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)

- ☐
- Handwashing station
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)

GENERAL STANDARDS**DETAILS AND FINISHES****Corridors**

▷ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 8'-0" (NFPA 101)

▷ Renovations to Existing Inpatient Corridor*

___ Min. corridor width 8'-0" except for existing structural elements & existing mechanical shafts
___ Min. corridor width at temporary construction partitions is 5'-0"

*No waivers accepted

___ Min. staff corridor width 5'-0" (8.2.2.1(1))

___ Fixed & portable equipment does not reduce required corridor width (8.2.2.1(2))

___ Work alcoves include standing space that does not interfere with corridor width (Policy)

☐ check if function not included in unit

Ceiling Height (8.2.2.2)

___ Ceiling height min. 7'-10", except:

___ 7'-8" in corridors, toilet rooms, storage rooms

___ sufficient for ceiling mounted equipment

___ min. clearance under suspended pipes/tracks:

___ 7'-0" AFF in bed/stretchers traffic areas

___ 6'-8" AFF in other areas

Doors (8.2.2.3)

___ All doors are swing-type

___ Patient rooms doors min. 3'-8"w x 7'-0"h

___ Doors for stretchers or wheelchairs min. 2'-10" wide

___ Doors to occupiable rooms do not swing into corridors

___ Patient toilet room doors are outswinging or double-acting

___ Bathing room doors are outswinging or double-acting

___ Emergency access hardware on patient toilet/bathing doors

Operable Windows (8.2.2.5)

☐ check if all windows are fixed

___ Window operation prohibits escape or suicide

___ Insect screens

Glazing (8.2.2.7)

___ Safety glazing or no glazing under 60" AFF & within 12" of door jamb

___ Safety glazing (or curtains) in shower & bath enclosures

Handwashing Stations (8.2.2.8)

___ Handwashing sink

___ Soap dispenser

___ Hand drying facilities

Grab Bars (8.2.2.9)

___ Grab bars in all patient toilets & bathing facilities

___ 1½" wall clearance

___ 250 lb. Capacity

Noise Reduction

___ Noise reduction at patient rooms as per Table 2.1-1

Floors

___ Thresholds & exp. joints flush with floor surface (8.2.2.4)

___ Floors easily cleanable & wear-resistant (8.2.3.2)

___ Non-slip floors in wet areas

___ Wet cleaned flooring resists detergents

Walls (8.2.3.3)

___ Wall finishes are washable

___ Smooth/water-resist. finishes at plumbing fixtures

PLUMBING (10.1)

___ Handwashing sinks

___ hot & cold water

___ anchored to withstand 250 lbs. (8.2.2.8)

___ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)

___ Non-slip walking surface at tubs & showers

___ Dialysis piping (10.1.2.2)

☐ check if function not included in unit (if dialysis is not routinely performed)

___ separate water supply

___ separate drainage system

___ Medical gas outlets provided per Table 2.1-5

MECHANICAL (10.2)

___ Mech. ventilation provided per Table 2.1-2

___ Exhaust fans located at discharge end (10.2.4.3)

___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)

___ Contaminated exhaust outlets located above roof

___ Ventilation openings at least 3" above floor

___ Central HVAC system filters provided per Table 2.1-3

ELECTRICAL (10.3)

___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)

___ nurses call system connected to emergency power circuits

___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)